

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Aaron V. Kaplan
Examiner Name	
Group Art Unit	
Attorney Docket No.	KAP 102 DIV

TOTAL AMOUNT OF PAYMENT \$370.00

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

50-1039

Deposit
Account
Name

Cook, Alex, McFarron et al.

- ☒ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

- ☒ Applicant claims small entity status
See 37 CFR § 1.27

2. ☐ Payment Enclosed:

- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee
Code (\$) Code (\$) Description

Fee Paid

101	740	201	370	Utility filing fee	370.00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) \$370.00

2. EXTRA CLAIM FEES

Extra Claims Fee from below Fee Paid

Total Claims	17	-20** =	0	X		=	0.00
Independent Claims	2	-3** =	0	X		=	0.00
Multiple Dependent							

Large Entity Small Entity

Fee Fee Fee Fee
Code (\$) Code (\$) Description

103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$0.00

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Fee Fee Fee
Code (\$) Code (\$) Description

Fee Paid

105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non - English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR § 1.17(q)	
126	180	126	180	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

SUBMITTED BY

Name (Print/Type) Gary W. McFarron

Registration No.
(Attorney/Agent)

27,357

Complete (if applicable)

Telephone 312-236-8500

Signature

Date

11/5/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Kaplan et al.**

Docket No.

KAP 102 DIV

Serial No.

Filing Date

Examiner

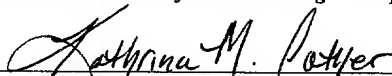
Group Art Unit

Invention: **Methods and Apparatus for Transpericardial Left Atrial Appendage Closure**

I hereby certify that the following correspondence:

Divisional Patent Application*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

November 5, 2001*(Date)***Kathrina M. Cotner***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EL 845500621 US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**